

## B1 (Official Form 1) (4/10)

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF OKLAHOMA OKLAHOMA CITY DIVISION		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): <b>Stainkamp, Zachary Aaron</b>	Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Stainkamp, Natalie Ruth</b>	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>xxx-xx-5898</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>xxx-xx-7963</b>	
Street Address of Debtor (No. and Street, City, and State): <b>536 SW 156th St. Oklahoma City, OK</b>	Street Address of Joint Debtor (No. and Street, City, and State): <b>536 SW 156th St. Oklahoma City, OK</b>	
ZIP CODE <b>73170</b>	ZIP CODE <b>73170</b>	
County of Residence or of the Principal Place of Business: <b>Cleveland</b>	County of Residence or of the Principal Place of Business: <b>Cleveland</b>	
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):	
ZIP CODE	ZIP CODE	
Location of Principal Assets of Business Debtor (if different from street address above):		
ZIP CODE		
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i>  <input type="checkbox"/> Corporation (includes LLC and LLP)  <input type="checkbox"/> Partnership  <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box.)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box.)  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Check one box: Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

## B1 (Official Form 1) (4/10)

Page 2

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <b>Zachary Aaron Stainkamp</b> <b>Natalie Ruth Stainkamp</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> <small>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</small>  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> <small>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</small>  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <div style="display: flex; justify-content: space-between;"> <div> <b>X /s/ Gary D. Hammond</b>  <b>Gary D. Hammond</b> </div> <div style="text-align: right;"> <b>12/19/2011</b>  <b>Date</b> </div> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: right;">         _____          (Name of landlord that obtained judgment)       </div> <div style="text-align: right; margin-top: 20px;">         _____          (Address of landlord)       </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

## B1 (Official Form 1) (4/10)

Page 3

**Voluntary Petition***(This page must be completed and filed in every case)*Name of Debtor(s): **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Zachary Aaron Stainkamp**Zachary Aaron Stainkamp****X** /s/ Natalie Ruth Stainkamp**Natalie Ruth Stainkamp**

Telephone Number (If not represented by attorney)

12/19/2011

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)



I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.



Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

**Signature of Attorney\*****X** /s/ Gary D. Hammond**Gary D. Hammond**Bar No. **13825****Mitchell & Hammond**  
**512 N.W. 12th Street**  
**Oklahoma City, OK 73103**Phone No. **(405) 216-0007** Fax **(405) 232-6358**12/19/2011

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Address

**X** \_\_\_\_\_

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)  
**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp  
Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

**B 1D (Official Form 1, Exhibit D) (12/09)**  
**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF OKLAHOMA**  
**OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

*Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Zachary Aaron Stainkamp**  
Zachary Aaron Stainkamp

Date: **12/19/2011**

**B 1D (Official Form 1, Exhibit D) (12/09)**  
**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF OKLAHOMA**  
**OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

**B 1D (Official Form 1, Exhibit D) (12/09)**  
**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF OKLAHOMA**  
**OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

*Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Natalie Ruth Stainkamp**  
Natalie Ruth Stainkamp

Date: **12/19/2011**

B6A (Official Form 6A) (12/07)

In re Zachary Aaron Stainkamp  
Natalie Ruth StainkampCase No. \_\_\_\_\_  
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
536 SW 156th St., Oklahoma City, OK 73170 Lot 26, Block 25, Stone Meadows 9 Addition to the City of Oklahoma City, Cleveland County, Oklahoma.	Fee simple	H	\$150,000.00	\$134,074.75
<b>Total:</b>			<b>\$150,000.00</b>	

(Report also on Summary of Schedules)



B6B (Official Form 6B) (12/07)

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Checking & saving account	J	\$45.00
		Checking account	J	\$0.00
		Business checking account	J	\$0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video and computer equipment.		Household goods	J	\$4,000.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		Clothing	J	\$1,000.00
7. Furs and jewelry.		Wedding rings	J	\$800.00
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		2 term life insurance policies	J	\$0.00
10. Annuities. Itemize and name each issuer.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2009 Dodge Ram	J	\$19,000.00
		2011 Nissan Armada	W	\$22,000.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<div style="text-align: right;"> <b>Total &gt;</b> </div>				<b>\$46,845.00</b>

3 continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (4/10)

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$146,450.\*  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
536 SW 156th St., Oklahoma City, OK 73170 Lot 26, Block 25, Stone Meadows 9 Addition to the City of Oklahoma City, Cleveland County, Oklahoma.	Okla. Stat. tit. 31 §§ 1(A)(1), (2)	\$150,000.00	\$150,000.00
Checking & saving account	Okla. Stat. tit. 31 §§ 1(A)(18), 1.1	\$45.00	\$45.00
Checking account	Okla. Stat. tit. 31 §§ 1(A)(18), 1.1	\$0.00	\$0.00
Household goods	Okla. Stat. tit. 31 § 1(A)(3)	\$4,000.00	\$4,000.00
Clothing	Okla. Stat. tit. 31 § 1(A)(7)	\$1,000.00	\$1,000.00
Wedding rings	Okla. Stat. tit. 31 § 1(A)(8)	\$800.00	\$800.00
2 term life insurance policies	Okla. Stat. tit. 36 § 3631.1	\$0.00	\$0.00
2009 Dodge Ram	Okla. Stat. tit. 31 § 1(A)(13)	\$7,500.00	\$19,000.00
2011 Nissan Armada	Okla. Stat. tit. 31 § 1(A)(13)	\$7,500.00	\$22,000.00
<i>* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to ca commenced on or after the date of adjustment.</i>		<b>\$170,845.00</b>	<b>\$196,845.00</b>

B6D (Official Form 6D) (12/07)

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:  <b>GMAC</b> <b>P.O. Box 9001719</b> <b>Louisville, KY 40290-1719</b>	<b>J</b>	DATE INCURRED: NATURE OF LIEN: <b>Purchase Money</b> COLLATERAL: <b>536 SW 156th St., Oklahoma City, OK 73160</b> REMARKS:  VALUE: <b>\$150,000.00</b>				<b>\$104,074.75</b>	
ACCT #:  <b>GMAC</b> <b>P.O. Box 9001719</b> <b>Louisville, KY 40290-1719</b>	<b>J</b>	DATE INCURRED: NATURE OF LIEN: <b>2nd Mortgage</b> COLLATERAL: <b>536 SW 156th St., Oklahoma City, OK 73160</b> REMARKS:  VALUE: <b>\$150,000.00</b>				<b>\$30,000.00</b>	
ACCT #:  <b>GMAC</b> <b>P.O. Box 9001719</b> <b>Louisville, KY 40290-1719</b>	<b>J</b>	DATE INCURRED: <b>Various</b> NATURE OF LIEN: <b>Arrearage claim</b> COLLATERAL: <b>536 SW 156th St., Oklahoma City, OK 73160</b> REMARKS: <b>This is the arrearage claim for the first mortgage.</b>  VALUE: <b>\$150,000.00</b>				<b>\$30,000.00</b>	
ACCT #: <b>xxx0008</b>  <b>Tinker Federal Credit Union</b> <b>P.O. Box 45750</b> <b>Tinker AFB, OK 73145</b>	<b>J</b>	DATE INCURRED: <b>2009</b> NATURE OF LIEN: <b>Purchase Money</b> COLLATERAL: <b>2009 Dodge Ram</b> REMARKS:  VALUE: <b>\$19,000.00</b>				<b>\$29,738.18</b>	<b>\$10,738.18</b>
Subtotal (Total of this Page) > Total (Use only on last page) >						<b>\$193,812.93</b>	<b>\$10,738.18</b>

1 continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities)

B6D (Official Form 6D) (12/07) - Cont.

In re **Zachary Aaron Stainkamp****Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: <b>xxx7359</b>	<b>J</b>	DATE INCURRED: <b>2011</b> NATURE OF LIEN: <b>Purchase Money</b> COLLATERAL: <b>2011 Nissan Armada</b> REMARKS:				<b>\$33,459.76</b>	<b>\$11,459.76</b>
<b>Tinker Federal Credit Union</b> <b>P.O. Box 45750</b> <b>Tinker AFB, OK 73145</b>		VALUE: <b>\$22,000.00</b>					
Sheet no. <b>1</b> of <b>1</b> continuation sheets attached to Schedule of Creditors Holding Secured Claims						<b>\$33,459.76</b>	<b>\$11,459.76</b>
Total (Total of this Page) >						<b>\$227,272.69</b>	<b>\$22,197.94</b>
Total (Use only on last page) >							

(Report also  
on  
Summary of  
Schedules.)(If applicable,  
report also on  
Statistical  
Summary of  
Certain  
Liabilities)

B6E (Official Form 6E) (04/10)

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic Support Obligations**Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian,  
or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of

☐ **Wages, salaries, and commissions**Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to  
qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use,

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors  
of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed

*\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of*



B6E (Official Form 6E) (04/10) - Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBCTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO	AMOUNT NOT ENTITLED TO PRIORITY,
ACCT #: <b>Mitchell &amp; Hammond</b> <b>512 NW 12th Street</b> <b>Oklahoma City, OK 73103</b>	<b>J</b>	DATE INCURRED: <b>12/14/2011</b> CONSIDERATION: <b>Attorney Fees</b> REMARKS:		<b>\$1,750.00</b>	<b>\$1,750.00</b>	<b>\$0.00</b>
Subtotals (Totals of this page) >				<b>\$1,750.00</b>	<b>\$1,750.00</b>	<b>\$0.00</b>
Total >				<b>\$1,750.00</b>		
Totals >					<b>\$1,750.00</b>	<b>\$0.00</b>

Sheet no. 1 of 1 continuation of Subtotal attached to Schedule of Creditors Holding Priority Claims

(Use only on last page of the completed Schedule E.

(Use only on last page of the completed Schedule E.

If applicable, report also on the Statistical

B6F (Official Form 6F) (12/07)

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxXXXX</b> <b>Amerassist AR Solution</b> <b>460 Polaris Parkway Suite 200</b> <b>Westerville, OH 43082</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Collection</b> REMARKS:				<b>\$8,061.00</b>
ACCT #: <b>xxxxxxxx2432</b> <b>AT&amp;T Universal Card</b> <b>P.O. Box 6241</b> <b>z57117</b>	<b>J</b>	DATE INCURRED: <b>2009</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$571.00</b>
ACCT #: <b>xxxxxxxxxxxx1553</b> <b>Bank of America</b> <b>P.O. Box 851001</b> <b>Dallas, TX 75285</b>	<b>J</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$3,032.40</b>
ACCT #: <b>xxxx-xxxx-xxxx-3016</b> <b>Bank of America</b> <b>P.O. Box 15796</b> <b>Wilmington, DE 19886-5796</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$5,123.59</b>
ACCT #: <b>xxxxxxxxxxxx7100</b> <b>Bank of Oklahoma</b> <b>P.O. Box 790408</b> <b>St. Lewis, MO 63179</b>	<b>J</b>	DATE INCURRED: <b>2010-11</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$2,484.05</b>
<b>Representing:</b> <b>Bank of Oklahoma</b>		<b>Elan Financial Services</b> <b>P.O. Box 108</b> <b>St. Louis, MO 63166</b>				<b>Notice Only</b>
<b>Subtotal &gt;</b>						<b>\$19,272.04</b>
<b>Total &gt;</b>						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

7 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx4893 <b>Bill Me Later</b> <b>P.O. Box 105658</b> <b>Atlanta, GA 30348</b>	J	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$2,275.33</b>
ACCT #: xxxxxxxxxxxx4893 <b>Bill Me Later</b> <b>P.O. Box 105658</b> <b>Atlanta, GA 30348</b>	J	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$2,179.50</b>
ACCT #: xxxxxxxxxxxx3016 <b>Business Card</b> <b>P.O. Box 15796</b> <b>Wilmington, DE 19886</b>	J	DATE INCURRED: <b>2009</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$5,123.59</b>
ACCT #: <b>CBNA</b> <b>P.O. Box 6497</b> <b>Sioux Falls, SD 57117</b>	J	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,951.00</b>
ACCT #: xxxxxx4153 <b>CCO Mortgage</b> <b>10561 Telegraph Rd.</b> <b>Glen Allen, Va 230529</b>	J	DATE INCURRED: <b>2008</b> CONSIDERATION: <b>Foreclosure deficiency</b> REMARKS:				<b>\$60,119.26</b>
ACCT #: xxxxx# xx-xxxx-5343 <b>Champion Construction</b> <b>c/o Metzger &amp; Austin</b> <b>1 S. Broadway Ste. 100</b> <b>Edmond, OK 73034</b>	J	DATE INCURRED: <b>2008</b> CONSIDERATION: <b>Lawsuit</b> REMARKS:				<b>\$9,400.00</b>

Sheet no. 1 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$81,048.68****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx6367 <b>Citi Cards</b> <b>Processing Center</b> <b>Des Moines, IA 50363</b>	J	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$4,448.57</b>
ACCT #: xxxxxxxxxxxx4986 <b>Collection Bureau of America</b> <b>P.O. Box 5013</b> <b>Hayward, CA 94540-5013</b>	J	DATE INCURRED: CONSIDERATION: <b>Collecting for Time-Warner Cable</b> REMARKS:				<b>\$418.92</b>
ACCT #: xxxxxxxxxxxx0380 <b>Dillards</b> <b>P.O. Box 960012</b> <b>Orlando, FL 32896</b>	J	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$1,006.27</b>
ACCT #: xxxxxxxxxxxx8468 <b>FIA Card Services</b> <b>P.O. Box 851001</b> <b>Dallas, TX 75285</b>	J	DATE INCURRED: <b>2009</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$398.03</b>
ACCT #: x6194 <b>Immediate Care of Oklahoma</b> <b>P.O. Box 248812</b> <b>Oklahoma City, OK 73124</b>	J	DATE INCURRED: <b>1/3/2011</b> CONSIDERATION: <b>Medical bills</b> REMARKS:				<b>\$402.00</b>
ACCT #: <b>Kohl's</b> <b>P.O. Box 3084</b> <b>Milwaukee, WI 5320-3084</b>	J	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$254.00</b>

Sheet no. 2 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$6,927.79****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>Representing: Kohl's</b>		<b>Kohl's N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051</b>				<b>Notice Only</b>
ACCT #: xxxxxxxxxxx5028 <b>Lowes P.O. Box 530914 Atlanta, GA 30353</b>	<b>J</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$2,026.93</b>
ACCT #: xxx xxxxxxxx7902 <b>LTD Financial Services, LP 7322 Southwest Freeway, Suite, 1600 Houston, TX 77074</b>	<b>J</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Collecting for Bank of America</b> REMARKS:				<b>\$351.73</b>
ACCT #: xxxx2676 <b>Norman Anesthesia Providers P.O. Box 1543 Norman, OK 73070</b>	<b>J</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Medical bills</b> REMARKS:				<b>\$121.80</b>
ACCT #: xxxxxxxx8503 <b>Norman Regional P.O. Box 268961 Oklahoma City, OK 73126</b>	<b>J</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Medical bills</b> REMARKS:				<b>\$780.09</b>
ACCT #: xxxxxxxx1919 <b>Norman Regional P.O..Box 268961 Oklahoma City, OK 73126</b>	<b>J</b>	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Medical bills</b> REMARKS:				<b>\$299.30</b>

Sheet no. 3 of 7 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$3,579.85****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx9766</b> <b>Norman Regional</b> <b>P.O. Box 268961</b> <b>Oklahoma City, OK 73126</b>	<b>J</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Medical bills</b> REMARKS:		<b>\$1,614.97</b>
<b>Representing:</b> <b>Norman Regional</b>		<b>Healthcare Recovery Solutions</b> <b>P.O. Box 51315</b> <b>Los Angeles, CA 90051</b>		<b>Notice Only</b>
ACCT #: <b>xxx2716</b> <b>Norman Regional Health System</b> <b>P.O. Box 268961</b> <b>Oklahoma City, OK 73126</b>	<b>J</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Medical bill</b> REMARKS:		<b>\$600.00</b>
<b>Representing:</b> <b>Norman Regional Health System</b>		<b>Health Recovery Solutions</b> <b>P.O. Box 51315</b> <b>Los Angeles, CA 90051</b>		<b>Notice Only</b>
ACCT #: <b>xxx0312</b> <b>Norman Regional Health System</b> <b>P.O. Box 268961</b> <b>Oklahoma City, OK 73126</b>	<b>J</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Medical bill</b> REMARKS:		<b>\$807.50</b>
<b>Representing:</b> <b>Norman Regional Health System</b>		<b>Healthcare Recovery Solutions</b> <b>P.O. Box 51315</b> <b>Los Angeles, CA 90051</b>		<b>Notice Only</b>

Sheet no. **4** of **7** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$3,022.47****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx8913 Old Navy P.O. Box 960017 Orlando, FL 32896	J	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$1,370.99</b>
ACCT #: xxxxx8046 OU Medical Center P.O. Box 740782 Cincinnati, OH 45274	J	DATE INCURRED: <b>7/03/2011</b> CONSIDERATION: <b>Medical bills</b> REMARKS:				<b>\$401.45</b>
Representing: OU Medical Center		NCO Financial Systems 2360 Campbell Creek, Ste. 500 Richardson, TX 75082				<b>Notice Only</b>
ACCT #: xxxxx1613 OU Medical Center P.O. Box 740782 Cincinnati, OH 45274	J	DATE INCURRED: <b>7/6/2011</b> CONSIDERATION: <b>Medical bills</b> REMARKS:				<b>\$2,453.80</b>
Representing: OU Medical Center		NCO Financial Systems 2360 Campbell Creek, Ste 500 Richardson, TX 75082				<b>Notice Only</b>
Representing: OU Medical Center		OU Medical Center P.O. Box 99400 Louisville, KY 40269				<b>Notice Only</b>

Sheet no. **5** of **7** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$4,226.24****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Overpayment Recovery Services</b> <b>1021 Windcross Ct.</b> <b>Franklin, TN 37067</b>	<b>J</b>	DATE INCURRED: CONSIDERATION: <b>Collecting for Aetna</b> REMARKS:				<b>\$178.16</b>
ACCT #: <b>xxxxxxxx3084</b> <b>Pediatric Medical Group</b> <b>P.O. Box 504464</b> <b>St. Louis, MO 63150</b>	<b>J</b>	DATE INCURRED: <b>12/15/2010</b> CONSIDERATION: <b>Medical bills</b> REMARKS:				<b>\$1,366.42</b>
Representing: <b>Pediatric Medical Group</b>		<b>NCO Financial Systems</b> <b>507 Prudential Rd.</b> <b>Horsham, PA 19044</b>				<b>Notice Only</b>
ACCT #: <b>xxxxxxxxxxxx0248</b> <b>Sams Club</b> <b>P.O Box 530942</b> <b>Atlanta, GA 30353</b>	<b>J</b>	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$990.70</b>
Representing: <b>Sams Club</b>		<b>NCO Financial Systems</b> <b>P.O. Box 530942</b> <b>Atlanta, GA 30353</b>				<b>Notice Only</b>
ACCT #: <b>xxxxxxxxxxxx5468</b> <b>Sears</b> <b>P.O. Box 688956</b> <b>Des Moines, IA 50368</b>	<b>J</b>	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$2,798.97</b>
Sheet no. <b>6</b> of <b>7</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$5,334.25</b>
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						



B6F (Official Form 6F) (12/07) - Cont.

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx9341 <b>Target National Bank</b> <b>P.O. Box 660170</b> <b>Dallas, TX 75266</b>	J	DATE INCURRED: <b>2009-2010</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$1,335.77</b>
<b>Representing:</b> <b>Target National Bank</b>		<b>I.C. System</b> <b>P.O. Box 64378</b> <b>St. Paul, MN 55164-0378</b>				<b>Notice Only</b>
ACCT #: xxx0008 <b>Tinker Federal Credit Union</b> <b>P.O. Box 45750</b> <b>Tinker AFB, OK 73145</b>	J	DATE INCURRED: <b>2009</b> CONSIDERATION: <b>Credit cards</b> REMARKS:				<b>\$20,000.00</b>
ACCT #: <b>Tinker Federal Credit Union</b> <b>P.O. Box 45750</b> <b>Tinker AFB, OK 73145</b>	J	DATE INCURRED: CONSIDERATION: <b>Loan</b> REMARKS:				<b>\$7,000.00</b>
<b>Representing:</b> <b>Tinker Federal Credit Union</b>		<b>Jeffery S. Ludlam</b> <b>Mulinix, Ogden, Hall, Andrews &amp; Ludlam</b> <b>210 Park Ave., Suite 3030</b> <b>Oklahoma City, OK 73102</b>				<b>Notice Only</b>
ACCT #: 2877 <b>West Norman Endoscopy</b> <b>3101 W. Tecumseh Rd. Ste. 100</b> <b>Norman, OK 73072</b>	J	DATE INCURRED: <b>2009</b> CONSIDERATION: <b>Medical bills</b> REMARKS:				<b>\$758.92</b>
Sheet no. <u>7</u> of <u>7</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$29,094.69</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b> <b>\$152,506.01</b>

B6G (Official Form 6G) (12/07)  
In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor

in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or

territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-

year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**Case No. \_\_\_\_\_  
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly

Debtor's Marital Status:  <b>Married</b>	Dependents of Debtor and Spouse	
	Relationship(s): Child Daughter Spouse	Age(s): 2 1 28
Relationship(s):		
Age(s):		
<b>Employment:</b>	Debtor	Spouse
Occupation	Manager	Not employed
Name of Employer	David Stanley Chevrolet	
How Long Employed	9 months	
Address of Employer	614 SW 74th Oklahoma City, OK 73159	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$12,200.00	\$0.00
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	<b>\$12,200.00</b>	<b>\$0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$1,622.00	\$0.00
b. Social Security Tax	\$178.00	\$0.00
c. Medicare	\$0.00	\$0.00
d. Insurance	\$0.00	\$0.00
e. Union dues	\$0.00	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) <u>Uniforms/demo</u>	\$923.00	\$0.00
h. Other (Specify) _____	\$0.00	\$0.00
i. Other (Specify) _____	\$0.00	\$0.00
j. Other (Specify) _____	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	<b>\$2,723.00</b>	<b>\$0.00</b>
6. TOTAL NET MONTHLY TAKE HOME PAY	<b>\$9,477.00</b>	<b>\$0.00</b>
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify):	\$0.00	\$0.00
12. Pension or retirement income	\$0.00	\$0.00
13. Other monthly income (Specify):		
a. <u>0</u> / Social Security/Gov. Assist.	\$0.00	\$0.00
b. <u>0</u>	\$0.00	\$0.00
c. _____	\$0.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	<b>\$0.00</b>	<b>\$0.00</b>
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	<b>\$9,477.00</b>	<b>\$0.00</b>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	<b>\$9,477.00</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None.

## Scanned Document #1

OCT 31, 2011 PAYCHECK INQUIRY 2=DIV# Store 01 PAYRL01 PORT 5076 1188

EMP# 205 ZACHARY STAINKAMP  
 HOURLY RATE 40.385 PAID SEMI-MONTHLY CYCLE# 110 EMPLOYEE TAXES  
 EMPLOYMENT DATE 03/01/2011 TYPE FULL TIME START 09/16/2011 ~~END 08/31/2011~~  
 DEPARTMENT U21B SICK HRS 0.00 END 09/30/2011 OASDI 157.50  
 CHECK NUMBER 51763 VAC HRS 0.00 CHECK 09/30/2011 ~~MEDI 54.37~~  
 PAY PERIOD 2 SECOND ~~SIT 141.00~~

LN	CODE	DESCRIPTION	DEPT	HOURS	RATE	AMOUNT	MEMO	SDI	0.00
1	91	SALARY	U21B	3500.00		SUI	0.00		
2	DMI	TEMP DEMO IN	U21B	250.00		CIT	0.00		
						OTH1	0.00		
						OTH2	0.00		
						EIC	0.00		

## EMPLOYER TAXES

OASDI 232.50

MEDI 54.37

FUTA 0.00

SUI 0.00

OTH 0.00

GROSS 3750.00

NET 3127.55

CK3 (R=RETURN)(N#-NEXT CK#)

(TG=TAXABLE GROSS)(T=TAX DATA)

## Scanned Document #1

OCT 31, 2011 PAYCHECK INQUIRY 2=DIV# Store 01 PAYRL01 PORT 5076 1188

EMP# 205 ZACHARY STAINKAMP  
 HOURLY RATE 40.385 PAID SEMI-MONTHLY CYCLE# 115 EMPLOYEE TAXES  
 EMPLOYMENT DATE 03/01/2011 TYPE FULL TIME START 09/01/2011 FIT 984.93  
 DEPARTMENT U21B SICK HRS 0.00 END 09/30/2011 OASDI 281.82  
 CHECK NUMBER 51886 VAC HRS 0.00 CHECK 10/10/2011 MED 100.75  
 PAY PERIOD 1 FIRST SIF 347.00

LN	CODE	DESCRIPTION	DEPT	HOURS	RATE	AMOUNT	MEMO	SDI	0.00
1	91	SALARY	U21B	6948.07		SUI	0.00		
						CIT	0.00		
						OTH1	0.00		
						OTH2	0.00		
						EIC	0.00		

## EMPLOYER TAXES

OASDI 430.78

MEDI 100.75

FUTA 0.00

SUI 0.00

OTH 0.00

GROSS 6948.07 NET 5253.57

CK1 (R=RETURN)(N#-NEXT CK#)

(TG=TAXABLE GROSS)(T=TAX DATA)

(TG=TAXABLE GROSS)(T=TAX DATA)

## Scanned Document #1

NAME	NUMBER	DATE
ZACHARY STAINKAMP	<del>XXXXXXXXXX</del>	205 52146
2 U21B	10/16/11	10/31/11 10/31/11
SALARY	3,500.00	96,315.71 FEDERAL M-9 269.58 9,505.01
TEMP DEMO IN	250.00	4,000.00 OASDI 157.50 4,213.28
TOTAL PAY 0.00	3,750.00	100,315.71 MEDICARE 54.38 1,454.58
		STATE-OK M-9 141.00 4,018.00
		A/R SPIFFS 0.00 1,747.50
		ACCTS REC 0.00 434.48

NET PAY

3,127.54

78,942.88

REMITTANCE ADVICE  
DETACH AND RETAINDAVID STANLEY CHEVROLET, INC.  
MOORE, OKLAHOMA 73153

CHECK NO.

NET  
AMOUNT

The Remittance and Payment Company is a service of



## Scanned Document #1

NAME		NUMBER		DATE	
ZACHARY STAINKAMP		<del>XXXXXXXXXX</del>		205	52377
2	U21B	11/01/11	11/15/11	11/15/11	
SALARY	4,500.00	102,414.74	FEDERAL M-9	435.42	9,940.43
TEMP DEMO IN	250.00	4,250.00	OASDI	199.50	4,479.92
TOTAL PAY	0.00	4,750.00	106,664.74	MEDICARE	68.88
			STATE-OK M-9	196.00	4,237.00
			<del>XXXXXXXXXX</del>	1,000.00	2,747.50
			ACCTS REC	0.00	434.48

NET PAY 2,850.20 83,278.77

REMITTANCE ADVICE  
DETACH AND RETAIN

DAVID STANLEY CHEVROLET, INC.  
MOORE, OKLAHOMA 73153

CHECK NO.

NET  
AMOUNT

## Scanned Document #1

NAME	NUMBER	DATE
ZACHARY STAINKAMP	<del>30700-0000</del>	205 52529
2 U21B	11/16/11	11/30/11 11/30/11
SALARY	3,500.00	105,914.74 FEDERAL M-9 269.68 10,210.01
TEMP DEMO IN	250.00	4,500.00 OASDI 5.68 4,485.80
TOTAL PAY	0.00 3,750.00	110,414.74 MEDICARE 64.37 1,601.01
		STATE-OK M-9 <del>144.00</del> 4,378.00
		<del>WAGE</del> 639.45 1,073.93
		A/R SPIFFS 0.00 2,747.50

NET PAY 2,639.92 85,918.69

REMITTANCE ADVICE  
DETACH AND RETAIN

DAVID STANLEY CHEVROLET, INC.  
MOORE, OKLAHOMA 73153

CHECK NO.

NET  
AMOUNT

The Remittance and Payment Information is for informational purposes only and does not constitute a contract.

B6J (Official Form 6J) (12/07)

IN RE: Zachary Aaron Stainkamp  
Natalie Ruth StainkampCase No. \_\_\_\_\_  
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures

1. Rent or home mortgage payment (include lot rented for mobile home)		
a. Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. Utilities: a. Electricity and heating fuel		\$180.00
b. Water and sewer		\$75.00
c. Telephone		\$220.00
d. Other: Gas		\$100.00
3. Home maintenance (repairs and upkeep)		\$100.00
4. Food		\$1,200.00
5. Clothing		\$100.00
6. Laundry and dry cleaning		\$200.00
7. Medical and dental expenses		\$200.00
8. Transportation (not including car payments)		\$200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$0.00
10. Charitable contributions		\$0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's		\$0.00
b. Life		\$160.00
c. Health		\$550.00
d. Auto		\$155.00
e. Other:		\$0.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify:		
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto:		
b. Other:		
c. Other:		
d. Other:		
14. Alimony, maintenance, and support paid to others:		\$0.00
15. Payments for support of add'l dependents not living at your home:		\$0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$0.00
17.a. Other:		
17.b. Other:		
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		<b>\$3,440.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <b>None.</b>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I		\$9,477.00
b. Average monthly expenses from Line 18 above		\$3,440.00
c. Monthly net income (a. minus b.)		\$6,037.00

B6 Summary (Official Form 6 - Summary) (12/07)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No.

Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$150,000.00			
B - Personal Property	Yes	4	\$46,845.00			
C - Property Claimed as Exempt	Yes	1				
D - Creditors Holding Secured Claims	Yes	2				\$227,272.69
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2				\$1,750.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8				\$152,506.01
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	Yes	7				\$9,477.00
J - Current Expenditures of Individual Debtor(s)	Yes	1	\$3,440.00			
TOTAL		28	\$196,845.00	\$381,528.70		

Form 6 - Statistical Summary (12/07)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No.

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>\$9,477.00</b>
Average Expenses (from Schedule J, Line 18)	<b>\$3,440.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	<b>\$12,749.50</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$22,197.94</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$1,750.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$152,506.01</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$174,703.95</b>

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ **30** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **12/19/2011**

Signature **/s/ Zachary Aaron Stainkamp**  
**Zachary Aaron Stainkamp**

Date **12/19/2011**

Signature **/s/ Natalie Ruth Stainkamp**  
**Natalie Ruth Stainkamp**

[If joint case, both spouses must sign.]

B7 (Official Form 7) (04/10)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**

**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income.

AMOUNT	SOURCE
\$110,414.74	2011 David Stanley Chevrolet
\$110,000.00	2010 Norman Chrysler Jeep Dodge
\$100,000.00	2009 Norman Chrysler Jeep Dodge

**2. Income other than from employment or operation of business**

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse

**3. Payments to creditors*****Complete a. or b., as appropriate, and c.***

None

☐

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Tinker Federal Credit Union P.O. Box 45750 Tinker AFB, OK 73145	Regular monthly payments		\$29,738.18
Tinker Federal Credit Union P.O. Box 45750 Tinker AFB, OK 73145	Regular monthly payments		\$33,459.76
GMAC P.O. Box 9001719 Louisville, KY 40290-1719	Regular monthly payments		\$30,000.00

None

☒

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency.

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 1*

None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

None



**4. Suits and administrative proceedings, executions, garnishments and attachments**

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both

**CAPTION OF SUIT AND**

**CASE NUMBER**

**Champion Construction  
Systems v. Zachary and Natalie  
Stainkamp, Case# CS-2011-  
5343**

**NATURE OF PROCEEDING**

**Indebtedness**

**COURT OR AGENCY**

**AND LOCATION**

**District Court of  
Oklahoma County,  
State of Oklahoma**

**STATUS OR**

**DISPOSITION**

**Judgment**

**Deutsche Bank Trust Company  
Americas v. Zachary A.  
Stainkamp, et al., Case No. CJ-  
2010-2027**

**Foreclosure**

**District Court of  
Cleveland County, State  
of Oklahoma**

**Pending**

**Tinker Federal Credit Union v.  
Zachary A. Stainkamp, Case No.  
CJ-2011-1550**

**Indebtedness**

**District Court of  
Oklahoma County,  
State of Oklahoma**

**Pending**

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning

**NAME AND ADDRESS OF PERSON FOR WHOSE  
BENEFIT PROPERTY WAS SEIZED**

**Unknown  
315 Riverbirch Way  
Sharpsburg, GA 30277**

**DATE OF SEIZURE**

**2010**

**DESCRIPTION AND VALUE  
OF PROPERTY**

**Single family home- sold for \$240,000**

None



**5. Repossessions, foreclosures and returns**

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must

None



**6. Assignments and receiverships**

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property



B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 2*

**7. Gifts**

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100

**8. Losses**

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both

**9. Payments related to debt counseling or bankruptcy**

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Mitchell &amp; Hammond</b> <b>512 NW 12th Street</b> <b>Oklahoma City, OK 73103</b>	<b>November/December</b> <b>2011</b>	<b>\$1,750.00</b>

**10. Other transfers**

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12

None



b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or

**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations,

**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 3*

**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether

**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None



If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 4*

**18. Nature, location and name of business**

None

☐

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six

**NAME, ADDRESS, AND LAST FOUR DIGITS OF  
SOCIAL-SECURITY OR OTHER INDIVIDUAL  
TAXPAYER-I.D. NO. (ITIN) / COMPLETE EIN**

**NATURE OF BUSINESS****BEGINNING AND ENDING  
DATES**

**NZ Properties  
536 SW 156th St.  
Oklahoma City, Ok 73170**

**Real estate****2008-2010**

None

☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. §

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

**19. Books, records and financial statements**

None

☒

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the

None

☒

b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account

None

☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the

None

☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 5*

**20. Inventories**

None



a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the

None



b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

**21. Current Partners, Officers, Directors and Shareholders**

None



a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None



b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or

**22. Former partners, officers, directors and shareholders**

None



a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement

None



b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately

**23. Withdrawals from a partnership or distributions by a corporation**

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the

**24. Tax Consolidation Group**

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the

**25. Pension Funds**

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

B7 (Official Form 7) (04/10) - Cont.

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re: **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 6*

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*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **12/19/2011** \_\_\_\_\_

Signature \_\_\_\_\_ **/s/ Zachary Aaron Stainkamp**  
of Debtor **Zachary Aaron Stainkamp**

Date **12/19/2011** \_\_\_\_\_

Signature \_\_\_\_\_ **/s/ Natalie Ruth Stainkamp**  
of Joint Debtor **Natalie Ruth Stainkamp**  
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.*

*18 U.S.C. §§ 152 and 3571*

B 201B (Form 201B) (12/09)

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

In re **Zachary Aaron Stainkamp**  
**Natalie Ruth Stainkamp**

Case No. \_\_\_\_\_  
Chapter 13

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

<u><b>Zachary Aaron Stainkamp</b></u> <u><b>Natalie Ruth Stainkamp</b></u> Printed Name(s) of Debtor(s)	X <u><b>/s/ Zachary Aaron Stainkamp</b></u> Signature of Debtor	<u><b>12/19/2011</b></u> Date
Case No. (if known) _____	X <u><b>/s/ Natalie Ruth Stainkamp</b></u> Signature of Joint Debtor (if any)	<u><b>12/19/2011</b></u> Date

**Certificate of Compliance with § 342(b) of the Bankruptcy Code**

I, **Gary D. Hammond**, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

**/s/ Gary D. Hammond**

Gary D. Hammond, Attorney for Debtor(s)  
 Bar No.: 13825  
 Mitchell & Hammond  
 512 N.W. 12th Street  
 Oklahoma City, OK 73103  
 Phone: (405) 216-0007  
 Fax: (405) 232-6358  
 E-Mail: gary@okatty.com

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**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

## UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$46 administrative fee: Total fee \$1046)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).



**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

IN RE: **Zachary Aaron Stainkamp  
Natalie Ruth Stainkamp**

CASE NO

CHAPTER **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<b>\$3,500.00</b>
Prior to the filing of this statement I have received:	<b>\$1,750.00</b>
Balance Due:	<b>\$1,750.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify)  
**Chapter 13 Plan**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**12/19/2011**

*Date*

**/s/ Gary D. Hammond**

*Gary D. Hammond*

Mitchell & Hammond

512 N.W. 12th Street

Oklahoma City, OK 73103

Phone: (405) 216-0007 / Fax: (405) 232-6358

Bar No. 13825

**/s/ Zachary Aaron Stainkamp**  
**Zachary Aaron Stainkamp**

**/s/ Natalie Ruth Stainkamp**  
**Natalie Ruth Stainkamp**

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
OKLAHOMA CITY DIVISION**

IN RE: Zachary Aaron Stainkamp  
Natalie Ruth Stainkamp

CASE NO

CHAPTER 13

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 12/19/2011

Signature /s/ Zachary Aaron Stainkamp  
***Zachary Aaron Stainkamp***

Date 12/19/2011

Signature /s/ Natalie Ruth Stainkamp  
***Natalie Ruth Stainkamp***

Amerassist AR Solution  
460 Polaris Parkway Suite 200  
Westerville, OH 43082

AT&T Universal Card  
P.O. Box 6241  
z57117

Bank of America  
P.O. Box 851001  
Dallas, TX 75285

Bank of America  
P.O. Box 15796  
Wilmington, DE 19886-5796

Bank of Oklahoma  
P.O. Box 790408  
St. Lewis, MO 63179

Bill Me Later  
P.O. Box 105658  
Atlanta, GA 30348

Business Card  
P.O. Box 15796  
Wilmington, DE 19886

CBNA  
P.O. Box 6497  
Sioux Falls, SD 57117

CCO Mortgage  
10561 Telegraph Rd.  
Glen Allen, Va 230529

Champion Construction  
c/o Metzger & Austin  
1 S. Broadway Ste. 100  
Edmond, OK 73034

Citi Cards  
Processing Center  
Des Moines, IA 50363

Collection Bureau of America  
P.O. Box 5013  
Hayward, CA 94540-5013

Dillards  
P.O. Box 960012  
Orlando, FL 32896

Elan Financial Services  
P.O. Box 108  
St. Louis, MO 63166

FIA Card Services  
P.O. Box 851001  
Dallas, TX 75285

GMAC  
P.O. Box 9001719  
Louisville, KY 40290-1719

GMAC  
P.O. Box 9001719  
Louisville, KY 40290-1719

Health Recovery Solutions  
P.O. Box 51315  
Los Angeles, CA 90051

Healthcare Recovery Solutions  
P.O. Box 51315  
Los Angelas, CA 90051

Healthcare Recovery Solutions  
P.O. Box 51315  
Los Angelas , CA 90051

I.C. System  
P.O. Box 64378  
St. Paul, MN 55164-0378

Immediate Care of Oklahoma  
P.O. Box 248812  
Oklahoma City, OK 73124

Jeffery S. Ludlam  
Mulinix, Ogden, Hall, Andrews & Ludlam  
210 Park Ave., Suite 3030  
Oklahoma City, OK 73102

Kohl's  
P.O. Box 3084  
Milwaukee, WI 5320-3084

Kohl's  
N56 W 17000 Ridgewood Drive  
Menomonee Falls, WI 53051

Lowe's  
P.O. Box 530914  
Atlanta, GA 30353

LTD Financial Services, LP  
7322 Southwest Freeway, Suite, 1600  
Houston, TX 77074

Mitchell & Hammond  
512 NW 12th Street  
Oklahoma City, OK 73103

NCO Financial Systems  
507 Prudential Rd.  
Horsham, PA 19044

NCO Financial Systems  
P.O. Box 530942  
Atlanta, GA 30353

NCO Financial Systems  
2360 Campbell Creek, Ste. 500  
Richardson, TX 75082

NCO Financial Systems  
2360 Campbell Creek, Ste 500  
Richardson, TX 75082

Norman Anesthesia Providers  
P.O. Box 1543  
Norman, OK 73070

Norman Regional  
P.O. Box 268961  
Oklahoma City, OK 73126

Norman Regional  
P.O..Box 268961  
Oklahoma City, OK 73126

Norman Regional Health System  
P.O. Box 268961  
Oklahoma City, OK 73126

Old Navy  
P.O. Box 960017  
Orlando, FL 32896

OU Medical Center  
P.O. Box 740782  
Cincinnati, OH 45274

OU Medical Center  
P.O. Box 99400  
Louisville, KY 40269

Overpayment Recovery Services  
1021 Windcross Ct.  
Franklin, TN 37067

Pediatric Medical Group  
P.O. Box 504464  
St. Louis, MO 63150

Sams Club  
P.O. Box 530942  
Atlanta, GA 30353

Sears  
P.O. Box 688956  
Des Moines, IA 50368

Target National Bank  
P.O. Box 660170  
Dallas, TX 75266

Tinker Federal Credit Union  
P.O. Box 45750  
Tinker AFB, OK 73145

Tinker Federal Credit Union  
P.O. Box 45750  
Tinker AFB, OK 73145

West Norman Endoscopy  
3101 W. Tecumseh Rd. Ste. 100  
Norman, OK 73072



**B 22C (Official Form 22C) (Chapter 13) (12/10)**

In re: Zachary Aaron Stainkamp

Natalie Ruth Stainkamp

Case Number:

According to the calculations required by this statement:

- ☐ The applicable commitment period is 3 years.  
☒ The applicable commitment period is 5 years.  
☒ Disposable income is determined under § 1325(b)(3).  
☐ Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly.

Joint debtors may complete one statement only.

Part I. REPORT OF INCOME					
<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b> b. <input checked="" type="checkbox"/> Married. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.</b>					
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			<b>Column A</b>  <b>Debtor's Income</b>	<b>Column B</b>  <b>Spouse's Income</b>
2	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>			\$12,749.50	\$0.00
3	<b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part IV.</b>				
	a.	Gross receipts	\$0.00	\$0.00	
	b.	Ordinary and necessary business expenses	\$0.00	\$0.00	
	c.	Business income	Subtract Line b from Line a		
			\$0.00	\$0.00	
4	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.</b>				
	a.	Gross receipts	\$0.00	\$0.00	
	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00	
	c.	Rent and other real property income	Subtract Line b from Line a		
			\$0.00	\$0.00	
5	<b>Interest, dividends, and royalties.</b>			\$0.00	\$0.00
6	<b>Pension and retirement income.</b>			\$0.00	\$0.00
7	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			\$0.00	\$0.00
8	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$0.00	Spouse \$0.00	
			\$0.00	\$0.00	
9	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a.				
	b.				
			\$0.00	\$0.00	

**B 22C (Official Form 22C) (Chapter 13) (12/10)**

10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	<b>\$12,749.50</b>	<b>\$0.00</b>
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	<b>\$12,749.50</b>	

**Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD**

12	<b>Enter the amount from Line 11.</b>	<b>\$12,749.50</b>									
13	<p><b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 13.</p>	a.			b.			c.			<b>\$0.00</b>
a.											
b.											
c.											
14	<b>Subtract Line 13 from Line 12 and enter the result.</b>	<b>\$12,749.50</b>									
15	<b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 and enter the result.	<b>\$152,994.00</b>									
16	<p><b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>Oklahoma</u> b. Enter debtor's household size: <u>4</u></p>	<b>\$60,395.00</b>									
17	<p><b>Application of § 1325(b)(4).</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 15 is less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input checked="" type="checkbox"/> <b>The amount on Line 15 is not less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>										

**Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME**

18	<b>Enter the amount from Line 11.</b>	<b>\$12,749.50</b>									
19	<p><b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 19.</p>	a.			b.			c.			<b>\$0.00</b>
a.											
b.											
c.											

**B 22C (Official Form 22C) (Chapter 13) (12/10)**

20	<b>Current monthly income for § 1325(b)(3).</b> Subtract Line 19 from Line 18 and enter the result.	<b>\$12,749.50</b>
21	<b>Annualized current monthly income for § 1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 and enter the result.	<b>\$152,994.00</b>
22	<b>Applicable median family income.</b> Enter the amount from Line 16.	<b>\$60,395.00</b>
23	<b>Application of § 1325(b)(3).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 21 is more than the amount on Line 22.</b> Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input type="checkbox"/> <b>The amount on Line 21 is not more than the amount on Line 22.</b> Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. <b>DO NOT COMPLETE PARTS IV, V, OR VI.</b>	

**Part IV. CALCULATION OF DEDUCTIONS FROM INCOME****Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

24A	<b>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.</b> Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number or persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				<b>\$1,377.00</b>
24B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.				
	<b>Persons under 65 years of age</b>		<b>Persons 65 years of age or older</b>		
	a1.	Allowance per person		a2.	Allowance per person
		<b>\$60.00</b>			<b>\$144.00</b>
	b1.	Number of persons		b2.	Number of persons
		<b>4</b>			
	c1.	Subtotal		c2.	Subtotal
		<b>\$240.00</b>			<b>\$0.00</b>
25A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				<b>\$559.00</b>

**B 22C (Official Form 22C) (Chapter 13) (12/10)**

25B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" data-bbox="203 359 1377 510"> <tr> <td data-bbox="203 359 256 394">a.</td> <td data-bbox="267 359 1015 394">IRS Housing and Utilities Standards; mortgage/rent expense</td> <td data-bbox="1026 359 1377 394" style="text-align: right;"><b>\$1,058.00</b></td> </tr> <tr> <td data-bbox="203 394 256 468">b.</td> <td data-bbox="267 394 1015 468">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td data-bbox="1026 394 1377 468" style="text-align: right;"><b>\$2,018.00</b></td> </tr> <tr> <td data-bbox="203 468 256 510">c.</td> <td data-bbox="267 468 1015 510">Net mortgage/rental expense</td> <td data-bbox="1026 468 1377 510" style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	<b>\$1,058.00</b>	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	<b>\$2,018.00</b>	c.	Net mortgage/rental expense	Subtract Line b from Line a.	<b>\$0.00</b>
a.	IRS Housing and Utilities Standards; mortgage/rent expense	<b>\$1,058.00</b>									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	<b>\$2,018.00</b>									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
26	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>										
27A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	<b>\$488.00</b>									
27B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	<b>\$0.00</b>									

**B 22C (Official Form 22C) (Chapter 13) (12/10)**

28	<b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	\$496.00
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$646.88
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a. \$0.00
29	<b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	\$496.00
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$574.93
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a. \$0.00
30	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.		\$2,425.72
31	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.		\$495.24
32	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.		\$150.00
33	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.		\$0.00
34	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$0.00
35	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.		\$1,500.00
36	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.		\$0.00
37	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.		\$0.00
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.		\$7,234.96

**B 22C (Official Form 22C) (Chapter 13) (12/10)**

<b>Subpart B: Additional Living Expense Deductions</b> <b>Note: Do not include any expenses that you have listed in Lines 24-37</b>											
39	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td><b>\$550.00</b></td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td><b>\$0.00</b></td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td><b>\$0.00</b></td> </tr> </table> <p>Total and enter on Line 39</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a.	Health Insurance	<b>\$550.00</b>	b.	Disability Insurance	<b>\$0.00</b>	c.	Health Savings Account	<b>\$0.00</b>	<b>\$550.00</b>
a.	Health Insurance	<b>\$550.00</b>									
b.	Disability Insurance	<b>\$0.00</b>									
c.	Health Savings Account	<b>\$0.00</b>									
40	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.	<b>\$0.00</b>									
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	<b>\$0.00</b>									
42	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
43	<b>Education expenses for dependent children under 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.	<b>\$0.00</b>									
44	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
45	<b>Charitable contributions.</b> Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.	<b>\$0.00</b>									
46	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.	<b>\$550.00</b>									

**B 22C (Official Form 22C) (Chapter 13) (12/10)****Subpart C: Deductions for Debt Payment**

47	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
a.	GMAC	536 SW 156th St., Oklahoma	\$1,518.00	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
b.	GMAC	536 SW 156th St., Oklahoma	\$500.00	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
c.	Tinker Federal Credit Union	2009 Dodge Ram	\$574.93	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
	(See continuation page.)		Total: Add Lines a, b and c		\$3,239.81
48	<b>Other payments on secured claims.</b> If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.				
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
a.	GMAC	536 SW 156th St., Oklahoma Ci	\$579.99		
b.					
c.					
			Total: Add Lines a, b and c		\$579.99
49	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.				\$0.00
50	<b>Chapter 13 administrative expenses.</b> Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.				
a.	Projected average monthly chapter 13 plan payment.		\$3,819.80		
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		3.9 %		
c.	Average monthly administrative expense of chapter 13 case		Total: Multiply Lines a and b		\$148.97
51	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.				\$3,968.77
<b>Subpart D: Total Deductions from Income</b>					
52	<b>Total of all deductions from income.</b> Enter the total of Lines 38, 46 and 51.				\$11,753.73

**Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)**

53	<b>Total current monthly income.</b> Enter the amount from Line 20.	\$12,749.50
54	<b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	







**B 22C (Official Form 22C) (Chapter 13) (12/10)****47. Future payments on secured claims (continued):**

<b>Name of Creditor</b>	<b>Property Securing the Debt</b>	<b>Average Monthly Payment</b>	<b>Does payment include taxes or insurance?</b>
Tinker Federal Credit Union	2011 Nissan Armada	\$646.88	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no